ST.MARY'S UNIVERSITY

SCHOOL OF GRADUATE STUDIES

ASSESMENT OF SERVICE QUALITY AND CUSTOMERS'SATISFACTIONS

(THE CASE OF PRIVATE HOSPITALS IN ADDIS ABABA)

BY

TSEGAYE LEULSEGED ZEWDIE

MAY 2017

ADDIS ABABA, ETHIOPIA

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APPROVED BY BOARD OF EXAMINERS

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ENDORSEMENT

This thesis has been submitted to St. Mary's University, School of Graduate Studies for the examinations with my approval as a university advisor.

Zemenu Aynadis (Asst. Prof.)   -----------------

Advisor   Signature

St. Mary's University College, Addis Ababa   May 2017

DECLARATION

I the under signed, declare that this thesis is my original work, prepared under the guidance ofZemenuAynadis (Asst. Prof.).All source of materials used for the thesis have been dully acknowledge. I further confirm that the thesis has not been submitted either in part or in full to any other higher learning institution for the purpose of earning any degree.

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TsegayeLeulseged   Signature

                                                         May, 2017

St. Mary's University, Addis Ababa

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LIST OF ACRONYMS/ABBREVIATIONS

WHO   World Health Organization

NDoH   National Department of Health

DoH   Department of Health

UNDP   United Nations Development Program

DoPM   Department of Performance Management

PHC   Private health Care

PPPS   Public and private health care partner ship

PHC   Primary health care

MOH   Ministry of health

WHO   World Health Organization

HIV   Human Immuno Virus

AIDS   Acquired Immuno Deficiency Syndrome

HSDP   Health Sector Development Plan

ABSTRACT

Today, the modern age can be called as the "Age of Consumers". As in the present business scenario of intense competition, customer satisfaction has become the prime concern of each and every kind of industry. High level of customer satisfaction is very important in order to win customers and surge ahead of competitors. In order to assess the quality and effectiveness of services provided by the private hospitals in Addis Ababa, a cross-sectional descriptive study was conducted among the out-patients to find out the patients' expectations and perceptions of the hospital services of the doctors, nurses/ medical assistant, administration and infrastructures with a general objective of the *assessment of service quality and customers' satisfaction of private Hospitals in Addis Ababa.Data were collected through a self-administered questionnaire distributed to out-patients in the three private hospitals. There were a total of 386 out-patients respondents involved in this research. To analyses the collected data, SPSS version 20 for windows used. From the result findings, there was a significantly difference between expectations and perceptions for all the five dimensions in hospital services quality. The highest difference between expectations and perceptions was found in the urgency dimension specifically in patients room comfort ability and the lowest difference was in tangibility domain specifically doctor's/Nurses service quality. This study demonstrated that patients' expectations were higher than their perceptions in the five out of five dimensions in the hospital services quality. The Logistic regression showed that Tangibility, Reliability and Assuranceare the domains that have significant relation with satisfaction. Majority of patients in this study responded that they are satisfied with the service they were provided.*

Key words*: Service quality, customer satisfaction, SERVQUAL, private hospitals*

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CHAPTER ONE

INTRODUCTION

1.1 Back ground of the study

Ethiopia is among 57 countries in the world identified by WHO to be facing a critical shortage of health workforce. Overall, there is a global deficit of 2.4 million doctors, nurses and midwives. In Ethiopia, per 10 000 population, there are <0.5 physicians, nursing and midwifery workers, <0.5 dentistry workers, <0.5 pharmaceutical personnel, <0.5 environmental and public health workers, community health workers and hospital beds (Africa Health Workforce Observe

The shortage, uneven distribution, poor skill mix and high attrition of trained health professionals remain the major concerns.

To monitor the performance of its health services, the Government has designed and adapted a new health management information system and implemented it country wide. However, this health management information system is inadequate for data generation and dissemination and for decision-making at different levels of the health system.

Despite the improvements made in expanding access to health services, the disease burden is still high and the service utilization rate remains low, partly due to the burden of high out-of-pocket spending that restricts an already poor society from health care utilization. The Government has initiated and is implementing community-based health insurance and social health insurance schemes to address financial barriers to accessing health services.

To improve the quality of health services, the focus is on the provision of quality health services at standard health facilities at all levels, including speedy delivery and

effectiveness of services, patient safety, ethical considerations and professionalism, with adequate numbers of health workers and sufficient finance and pharmaceuticals.

Quality improvement has become an integral part of service delivery in the health system, thus the Federal Ministry of Health has established a quality management committee and designed a reference manual to guide its implementation. The implementation of HSDP I, II and III has achieved notable results, especially in family planning.

Although efforts have been made to improve the quality of services and resources ,health indicators and perception rating indicate that more work is required .Private health care facilities are more frequently being preferred public facilities and health indicators are improving at a slower than desired rate or not at all   (Coovadian,Baron, Jewkes, and MCIntyre,2009; SSA,2013a)

Service quality continuous to be a difficult concept to quality and assess due to be intangible nature .The defining faulty has become a complex task. Majority literature has agreed that service quality best deserved as a disconfirmation paradigm where expectations are either met ,not achieved or Surpassed (Brown and Swartz ,1989 Parasuraman, Berry ,and Zeithaml ,1994). In addition to this definition, understanding the constituents of quality has also been extensively researched.

Initial research which forms the foundation many studies in quality, considers a systems based approach to understanding quality .Three systems namely, Structure (Physical and staff characteristics), process (Clinical care and staff characteristics) and out comes (Health status and staff characteristics), describes the frame work for assigning care (Donabedian, 1980). The Seminal work by Parasuraman, Berry and Zeithaml (1985) derives its findings from assessing factors with in the process system. Their research was based on the multidimensionality of service quality which has some become an accepted perception in service quality literature.

Parasuraman et al.(1985) also describes a frame work describing the service quality Gap model identifies five gaps of prevalent imperfect information in patients' health care provider interactions .The most important gap has been identified as Gap which pertains to the expected versus perceived quality of service delivery from the health care delivery from health care provider to the patient .With in this framework ,the use of measurement tool called the SERVQUAL questionnaire, is implemented (Parasuraman)Berry and Zeithaml,1988).The SERVQUAL tool enables researchers to identify not only the gaps in perceptions and expectations in service quality from patients ,but also identify which factors (or dimensions) under lie the quality construct

Although the SERVQUAL tool has under gone criticism, it has continues to be widely used as a reliable and valid tool for service quality assessment. Parasuraman, Berry and Zeithaml (1991) identified five dimension which under   lie service quality .These dimensions (Tangibles, Reliability, Responsiveness, Assurance and Empathy) have been used in subsequent studies as theoretical fact (Taner and Antony, 2006).How ever due to criticism of the validity of transposing these dimensions to different populations (Buttle, 1994).

Other researchers are preferred to determine underlying factors /dimensions for their own study samples (Infante, Beilby, Bubner, Davies, Harries, Holton, and proud foot, 2004; Sofaer and Grumman, 2003; Taner and Antony, 2006). While these studies have shown some overlapping dimensions, it remains important to identify unique components and combinations distinct to populations.

Service quality has shown to have close relationship with patient satisfaction .Quality of service has been indicated in a number of studies to be an antecedent to satisfaction (Cronin and Taylor; 1992; Fornell, Bryant, Cha and Johnson, 1996)

As this relationship becomes more evident and important in recent years, research has be focused on determine the strength of the relationship (Smith and Engelbrecht, 2001; Choi, Chakon, Hanjoon, and Lee, 2005). Understanding the antecedents of satisfaction is not only important it maintaining a competitive advantages ,but studies have shown that improved service satisfaction relates to improved treatment adherence and attendance of follow up consultations (Fan, Burman ,Fihn, and McDonnell,2005; Fornell et al. ,1996) Limited research has been conducted on quality perceptions and it link to satisfaction in Ethiopia private health care .the research presented in thesis literature to better understand the perceptions of patients and these provide a foundation for effective strategy development and implementation.

In order to meet the needs expressed above this thesis proposal will aim to research questions pertaining to the expectations and perceptions of the private health care system ,whether there are different between those opinions and whether they are deemed significant enough to comment on .

This study will also explore the relationship between service quality and patient satisfaction and determine which quality dimensions have the most influential impact on satisfaction ratings.

1.2. Definition of key Terms

Customer expectation and perception

Customer expectation is defined as what the customer wants from the product or service they have purchased,

Customer perception quality is explained as the customer's judgment about a product/service's overall excellence or superiority, based on perceptions of what is received and what is given (Zeithaml, 1988).

The evaluation is done by comparing the expectation with the perceived performance of the product or Services. *Customer satisfaction*

Customer satisfaction is a person's feeling of pleasure or disappointment resulting from comparing a product or service's perceived performance or outcome in relation to her or his expectations (Nair, 2004).

1.3 Statement of the Problem

The growth of the private health facilities could be associated with the growing health care needs of the society, private sector customer management, and the opportunity of the private health sector to have better access to the sophisticated and up-to-date medical services facilities and technologies. Moreover, the private sector very prone to attract highly qualifies specialists and medical care providers. Acquiring specialized skills generally goes hand in hand with technology. Existing ad hoc evidence indicates that many providers feel that their practice is strongly influenced by these factors. Hospitals that have the facilities of whole body scanner, ventilator, ultrasound, endoscope and other facilities shown significant increase in number of consumers after introduction of these technologies. Another important factor is accessibility of services especially round the clock facilities, appointment by convenient time, and 24 hrs. Emergency and so on. Location of the health facilities are also very important factor. Most of the private hospitals in Addis Ababa are located near to highly populated areas, so the distance and traveling time is less for the clients. Increasing demand for health care and growing awareness on health related matters due to growth of education is another factor which is affecting the demand for more sophisticated care. A study conducted in Ethiopia indicated that willingness to pay for health care is closely associated with ability to pay also. The growing disposable income especially to middle class is positively correlated the growth of private health facilities in Ethiopia.

The existing rapid population growth, the expansion of urbanization and internal migration from rural parts of country due to employment, business or education are also important factors that promote the growth of private health sector especially in urban areas. The study in Addis Ababa, indicated that almost all private hospital are using promotion strategies, like advertisement and personal contacts with certain firms and companies also increases the demand for private sector, but quality of services and skilled personnel can attract and retain customers more effectively than advertisement.

A very small number of providers have the facility of prepayment schemes, and medical insurance coverage is not significant. When considering the supply side, the tradition of government provided health services are dominant in Ethiopia. The public sector paved the way for the development by sensitizing the population to the need for more advanced care and creating more demand for health care. Subsidized medical, nursing and paramedical education supplies a steady stream of medical professionals in the market, who then largely absorbed by the private sector. Another important factor is political stability and commitment of government to support private sector also promoted private sector growth. Now the federal government of Ethiopia is a promoter for private sector and rules and regulations are favorable for health care investors. Biomedical instruments and equipment's are tax free and government is liberal for providing land for construction of hospitals.

As it has been mentioned earlier, even though the private health sector became widely growing, the sector suffer and challenged by multiple problems. The most important problems faced by all providers are lack of sufficient number of trained professionals, especially doctors in specialty areasAfrica Health Workforce Observatory (AHWO) 2010. The employment of trained and qualified personnel and retain them in the facilities is critical to ensure good quality care. There is general impression among private providers that the growth of health human resources and their training has not kept pace with the increasing number of facilities. A wide spread shortage of trained professionals,

especially in the certain areas of specialties since the such highly specialized and sub specialized medical trainings are not widely provided in the country. . Thus, the private sector enforced to recruit from other countries but they don't have the access of sources for recruitment. The second important factor is availability of drugs. The production, distribution and importing of drugs controlled. The numbers of pharmaceutical industries are limited and there is a wide gap between demand and supply of drugs.

The number of drugs in the National drug list is few and the availability of new generation drugs are limited. Several times the private hospital providers are facing the problems of very essential and costly drugs especially in cardiology and neurology sections and it is adversely affecting the quality of care in critical care units.

In conclusion, the growth of private health facilities in Ethiopia during the period of Federal Democratic government offers many lessons in development and should not be seen as an independent phenomenon. The public sector paved the way for development by sensitizing the population to the need for sophisticated care and created more demand for health care. Factors outside the health field such as, growing disposable income, growth in literacy, improvements in road network, rapid urbanization and lack of barriers to enter the health market availability of funds also contributed to the trend. This study finds that private provider behavior will be considerably influenced by the overall situations prevailing in the input market and constraints imposed by other supply factors. Some of the critical factors affecting the private providers are: availability and cost of trained manpower, availability and cost of drugs, availability, cost and maintenance of bio-medical equipment's and technology and cost of capital and financing mechanisms. The study suggests that private providers are vulnerable to imperfections in all the above mentioned areas. Government and professional bodies need to make concerted effort to address these issues in a holistic manner and develop appropriate strategies. Ethiopia will achieve better health sooner and more efficiently as the private sector is harnessed. Ministry of Health can play a strategic role in setting the stage through policies and

program interventions that can influence the private sector to achieve the public health goals.

The need to achieve patient satisfaction has made private hospitals realized the importance of health care marketing. The hospitals are therefore making efforts to determine what healthcare customers need, tailoring their services to meet those needs and then attracting patients to continue use their services.

There were many studies done on service quality and customer satisfaction, however, there was unclear of what dimension do customers of private hospital in Addis Ababa used to rate the quality of services rendered to its customers, its ranking, and which dimension is more important from the customer's point of view.

Quality of service and patient satisfaction had been extensively studied and considerable effort has gone into developing survey instrument to measure it. However, most reviews have critical of its use since there is rarely any theoretical or conceptual development of the patient satisfaction concept. Therefore, this study points out that there is an urgent need to it measure the differences between the expected and perceived health care service quality, and evaluate its satisfaction level in order to better understand patients' needs and improve the service quality.

1.4 Research Questions

- What level of quality care and treatment are out- patients receiving now that health care is very accessible?

- To what extent are customers or consumers satisfied or dissatisfied with services they receive at the private hospital in Addis Ababa?

- What are customer's perspectives about quality health care delivery?

1.5 Objective of the Study

1.5.1 General objective

The general objective of this study is assessment of service quality and customers' satisfaction of private Hospitals in Addis Ababa

1.5.2 Specific objective

The following are the specific objectives that this study needs to Address

- Determination of service quality for patient satisfaction in Addis Ababa private Hospitals

- Assess the impact of Health providers, support staff and infrastructure for quality service

- To determine the differences between the expected quality of service from a health care facility and the perceived quality of service from Addis Ababa Private health care facilities   Not directly linked with research questions

To understand the importance given to certain dimension in overall satisfaction of health care service quality in private hospital in Ethiopia Addis Ababa

1.6 Significance of Study

The need to focus on the patient as the customer is the fundamental aim of private hospital in order to grow and gain greater profit as performance makes customers return to the same provider and spread more favorable "word of mouth" recommendations. This study is significant to obtain feedback and suggestion from the customers themselves, which is using a measurement scales which allows the patients to assess the quality of care that had rendered to as today's consumers are better educated and more aware than in the past, and there were of data through bulletins, web sources, health magazine and online repositories, therefore there is a need to call for the increases in the effectiveness of the healthcare system by efficient management of hospitals in focusing onto the customers' demand on the services to them.

Besides, this study makes important theoretical contributions to the understanding of customer satisfaction concept through their expectation and perception level. It also helps researcher to develop a systematic program to examine level of satisfaction among patients and receives and conclude the service quality of healthcare providers in the private sector in Addis Ababa. The information will gather from this study is also important to the private providers in Addis Ababa to understand what customer expectations are and to develop in fulfilling or satisfying their customers' needs and wants in order to attract and retain

1.7 Scope of the Study

Research study the customer's expectations, perception and satisfaction level on services from the private hospitals in Addis Ababa. Primary data from a designed questionnaire were collected from the out-patients from three sub-cities one private hospitals from each sub-cities in Addis Ababa. The study intend to assess the hospital infrastructure, provider service, customer management

There are limitations as predicted for conducting this research. First of all, the, respondents in this study are limited to only out patients in private hospitals in Addis Ababa. The number of patient which is in-patient is not include in this population and sampling

Besides, as any study based on consumer survey through a pre-designed questionnaire, study faced the basic limitation of the possibility of difference between what is recorded and what is truth , no matter how carefully the questionnaire has been designed and field has been conducted. Problems raised in respondents not understanding the difference between expectations and perceptions. The customers may not deliberately report their preferences and even if they wish to do so, there are bound to be differences owing to problems filters of communication process.

Furthermore, it was difficult to get feedback from seriously ill patients where they are sick and unable to cooperate in answering the questionnaire. Taking into consideration uncomfortable feelings.

The study will primarily   focusing in Addis Ababa, where there are relatively better private health facilities, and where the private health sector has relatively better capacity and organized. Thus, the finding of the study might not be solid enough to generalize the reality at the county, even if private health sector share similar issues and challenges. The financial resources and availability of relevant references documents and information sources could be other bottlenecks. Similarly getting the right key informants and getting their willingness to provide information/interviewed/ could be potentially demanding.

1.8 Limitation of the Study

One of the limitations of this study, is that it does not take in to consideration the demographical impact on perception it would be expected that differences in perceptions would vary across these differences. Taking age and educations in to account could indicate differences in perceptions as generation are concerned

The heterogeneity of the Addis Ababa populations demands less assumption be made when researching concepts such as quality. Because we cannot purport that all the Addis Ababa has the same level of expectations, using the gap analysis method (where individuals set their range of expectations) and not the Nordic method is more appropriate for this population.

This study used a generic version of the SERVQUAL modified for hospital patient's physical distance between Cities, regions, and countries also posed a limitation to this study since in focus groups to ensure appropriate dimension statements could not be conducted. Therefore the questions relied on a study that was conducted in Addis Ababa using similar parameters (Bosh off &Gray; 2004). Conducting focus group or in-depth

interviews may provide a better understanding on issues which patients have with private health care facilities.

These issues may not be accounted for in the generic questionnaire and may highlight crucial themes.

Since health care facilities are governed on a provincial level, it would be increasing to investigate the different patient perception accordingly. Different Regions in Ethiopia are dominated by different cultural norms as well, and thus could provide additional information on how best to satisfy the communities and segments of the population.

There are other limitations as predicted for conducting this research. First of all, the, respondents in this study are limited to only out patients in private hospitals in Addis Ababa. The number of patient which is in-patient is not include in this population and sampling.

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1.9. Organization of the research report

Comprise five chapters which include the following

CHAPTER ONE: INTRODUCTION

This chapter should contain back ground of the study, Statement of the problem, Basic research questions, Objectives of the study, definition of key terms, Significant of the study ,and delimitation /scope of the study.

CHAPTER TWO: REVIEW OF RELATED LITERATURE

This chapter deals with the literature relevant to my study.

CHAPTER THREE: METHODS OF THE STUDY

Under this chapter required to describe the type and design of my research, the subjects participants of the study; the source of my data; the data collection tools /instruments employed; the procedures of data collection and the methods and data analysis used.

CHAPTER FOUR: RESULTS AND DISCUSSIONS

This chapter should summarize the results /findings of the study, and interpret data /or discuss the findings,

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter comprises four sections, which include summary of findings, Conclusions, limitation of the study and recommendations

CHAPTER TWO

REVIEW OF RELATED LITRATURE

2.1 Introduction

Review of Health Care Services

In Ethiopia, the private health sector has emerged in the last two decades, and the sector has been growing rapidly particularly in the urban areas.   It is an important source of health care for many people in Ethiopia, especially those in rapidly-growing urban areas and including the poor. According to a study conducted by International Finance Cooperation (IFC), the private health sector in Ethiopia provides care for a diverse population. The study revealed that, among the population receiving care from private for-profit providers, 44%are from the lowest income quintile, while 48% are from the highest income quintile segment of the population (FMOH. 2011).According to the Federal Ministry of Health (FMOH), in 2011 the number of private health facilities in Ethiopia totaled 4,160 including 72 Hospital, 4088 clinics' of different levels. Given the existing data management system it is difficult to get a complete data on the size and distribution of the private health facilities. Best estimates are detailed in the following table.

Table 1: Profile of private health facilities in Ethiopia

Regions	Hospitals			Private Clinics			
	Private	NGO	OGOₗ	Lower	Medium	Higher	Total
Tigray	1	0	1	66	37	21	124
Afar	1	0	0	4	5	0	9

Amhara	8	0	1	719	195	34	948
Oromia	3	4	4	1,343	253	43	1,639
Somali	0	0	0	10	10	8	28
Benishangul	0	0	0	74	4	1	80
SNNPR	4	0	0	459	110	12	581
Gambela	0	0	0	35	7	9	42
Harari	2	1	2	6	23	0	29
Addis Ababa	31	1	2	143	226	204	573
Dire Dawa	3	0	0	17	12	6	35
Federal	0	0	0	0	0	0	0
Total	56	6	10	2,877	882	329	4,088

Source: Health and Health Related Indicators, 2011

The data from health and health related indicators shows the rapid growth of the private health sector; between 2005/06 and 2010/11, the numbers of private clinics jump from 1,958 to 4,088.

In terms of specific health care providers, there is a high concentration of specialists in private facilities according to a study by Africa Health Workforce Observatory (AHWO); 12.4% of general practitioners, 41.6% of internists, 48.9% of pediatricians, and 46.5% of gynecologist are practicing in the private sector (AHWO. 2010)

Increasing quality is becoming a more important element in determining the value of a service proposal as it provides a basis for customers to distinguish between competing service (Marshall and Murdoch, 2001). It is therefore important that the service "Organizations are aware of the customer's expectations of quality, and then develops an effective integrated strategy which allows a better chance of surviving and prospering. In order to better understand the customers, many studies have been conducted on customer's perception satisfaction. In this study, an attempt has been made to present in brief, a review of literature on customer satisfaction in general as well as on the customer satisfaction from hospital services.

Quality as defined by Sage (1991) as "meeting the needs of the customer in a consistent coordinated way". The researcher also mentioned that quality measures were used to identify areas of performance that merit improvement, monitor improvement, and provide comparative information to assess performance so that consumers can make a better choice.

In another study Gronoors, (1984), as cited by Parasuranman et al (1985), had categorized quality in service organization into two aspects, namely technical (outcomes) and functional (delivery) quality, Technical quality refers to the competence of staff as they go about performing their routines. Functional quality refers to the manner in which medical care is delivered to the customers. This include the communication skills of the staff and the empathy shown by them to the patients, at presently, patient questionnaires and customer complaint systems were widely applied for user orientation in health care systems and hospitals respectively. The comments given by the patients be seriously considered as suggestion to improve the service quality rendered to them. In a study done by Labarbera and Mazursky (1983) on customer satisfaction, suggested a cognitive model to assess the dynamic aspect of customer satisfaction and dissatisfaction consecutive purchase behavior. From the study, they found that customer satisfaction have a role in mediating intentions and actual behavior for five product classes that were in the context

of a three-stages longitudinal field study. They also concluded that of a given brand is affected by lagged intention whereas switching behavior is more sensitive to customer's dissatisfaction with brand consumption.

Kantabutra and A very (2007) also had studied on customer and staff satisfaction. They had examined the relationships between vision attributes (of brevity, clarity, challenge, stability, abstractness, future orientation, and desirability or ability to inspire) and content relating to customer and staff satisfaction imageries), and customer and staff satisfaction in retail stores. The data of the study was collected from store managers, staff and of 101 apparel stores in Sydney and the variables were tested for significant

2.2 Service quality in the Western context

In Tomes and Ng (1995) study on service quality in hospital care of National Health Service (NHS) in England, they mentioned that healthcare professionals and managers must the issue of improving the quality of service they provided. In this study, the authors developed a measurement scale to assess the service quality provided in NHS and NHS trust hospitals and identified the basic constructs underlying patients' perceptions of quality of service by these hospitals. There were a total of eight dimensions emerged in the study, six relating to the intangibles of hospital care and two covering the tangible aspects. These namely empathy understanding, relationship between patients and health care staff, communications, reliability' courtesy, dignity, food and physical environment. The result of the study indicated patients' expectations were met or exceeded in respect of four of the seven factors, while dissatisfaction with the physical environment was expressed in which can only be remedied by an injection of cash to improve the factor. The authors also suggested that top hospital management should starts to explore the staffs' perceptions of quality initiatives implemented in hospitals as staffs must be brought onside if they are to be expected to work even harder to quality service to patients in the new era of assessment and accountability.

Chahal et al (2004) had done a study on patient satisfaction in public health care service in India. The authors mentioned that due to the increased awareness among the people, patient's satisfaction had become a very important concern for the hospitals, satisfaction, in public health care outpatient services Patient satisfaction was measured with respect to technical and non-technical characteristics of health care services encountered, and was categorized in to four basic components: attitudes towards Doctors, attitudes towards medical assistants ,quality of administrations and atmospherics. Based on their findings, they also suggested strategic action in necessary in meeting the patient's need of the Government health care sector in developing countries.

2.3 Theoretical Frame Work

Many models exist in the area of client satisfaction and although a number of them are in the marketing research discipline they can also been applied in the area of health care. One of the model is the disconfirmation theory, which proposes that a client should compare a standard they have before using a service (usually their expectations) to their perceptions after use (New some and Wright 199).

The difference the two becomes the disconfirmation and its size and direction define the extent of satisfactions. It suggests that when all things are constant, the higher one's expectations are, the harder it will be for the service to meet them, thus less satisfactions or negative disconfirmation. Another model is the zone of tolerance theory (Newsome and Wright 1999).It proposes that consumers expect service provision to vary but there is a certain range with in which they are willing to accept this variation, depending on the type of service .The range in which customers do not particularly notice service performance in the zone of tolerance, when performance falls outside this (either very high or very low) the customer is satisfied or dis satisfied.

Although a client satisfaction may not only rely on expectations and perceptions, both articles cited emphasize that the disconfirmation theory is the most widely used in this

area. In addition, the SERVQUAL frame work is directly in line with this theory, so it will be the basis for this study.

Customer satisfaction drives successful private sector businesses. High-performing businesses have developed principles and strategies for achieving customer satisfaction.

Health care system in Ethiopia is divided into government and private sectors. There are total hospitals of varying bed capacity in the country and percent were privately owned (Frost & Sullivan, 2009) and due to the availability of information and a better-educated population, the need to measure up is no longer a choice but a necessity in meeting rising expectations from better informed customers. The world's rising population and increasing standards of living had driven significant growth within the global healthcare service sectors, as consumers have demanded better medical care to support their improving lifestyles (Padma et al 2010). Besides, service providers of today are increasingly have to deal with a wide range of social, financial, political, regulatory and cultural challenges, which of the impact, is the demand for greater efficiency and better quality. Thus the need for the private hospitals to increase their competitive edge is becoming more intense in meeting the rising needs. Hence, quality management has emerged not only as the most significant and enduring strategy in ensuring the very survival of the private hospitals, but also a fundamental route to business excellence.

In this study, researcher intended to study the quality of services provided by the private hospitals in Addis Ababa and seek to identify the basic constructs underlying patients' expectations, perceptions and satisfaction of quality services.

In Germany, measuring satisfaction has been required since 2005 as an element of quality management reports. Since 2002, the Department of Health (DOH) has launched a national survey program in which all NHS trusts in England have to survey patient's satisfaction on an annual basis and report the results to their regulators. Therefore, measurements of patient satisfaction is a legitimate indicator for improving the services and strategic goals for all healthcare organizations.

Based on an extensive review of the literature on service quality, the critical dimensions

Of patient-perceived healthcare quality dimensions have been identified and used as an instrument in measuring the patient's viewpoint of health care quality in the current study. The following are the dimensions of patient-perceived quality service in healthcare in this study:

Doctor's Service Quality

Nurses/ Medical Assistant's Service Quality Customer's Satisfaction

Quality of Administration of hospital

Hospital Infrastructure.

This theoretical framework presents the description of four constructs used in the study. All the dimension and its sub-dimensions have been measured from the perspectives of customers in Hospitals in Addis Ababa

Doctor's Service Quality

This dimension measures the patient's experience in respect of the quality of care delivered by doctors. The personnel involved in delivering service, are expected to be responsive, reliable, friendly sincere and competent by the customers (Padma etaI, 2010). This in-line with et al (1994) as cited by Duggirala et al (2008), that the medical encounter between a Doctor and a patient requires an intensive level of interaction where it had shown to have a significant impact on patient satisfaction. The sub-dimensions i.e. the availability, knowledge experience of doctor, the thoroughness check-up and examination comfort by the doctor, the empathy "and politeness of the doctor are the measures in this study.

Nurses/ Medical Assistant's Service Quality

This dimension on nurse/ medical assistant's care quality assesses the perception of the patient with respect to the quality of nursing care provided during her/ his stay in the hospital.

In Needleman and Buerhaus (2003) study, have made an important discovery about the relationship between nursing and patient outcome and also have highlighted the vital contribution of nurses to the quality of patient care. Parasuraman et al (1985) have made use of assurance, empathy and responsiveness dimensions to indicate the quality of personnel. Andaleeb (1998) had found that three out of the five dimensions, "communication of hospital staff with patients", "competence staff and "staff demean our" related to patient-staff interaction, which reinstates the importance of patient's relationship with hospital employees leading to customer satisfaction

Hospitals. In this current study, the availability, knowledge and experience of the nurse/ medical assistant, politeness, maintenance of record and privacy by the nurse/ medical assistant, handling of queries and staff's appearance are the sub-dimensions being measured.

Quality of Administration of hospital

Administrative processes of hospital includes the processes during admission, procedures during in the hospital, and the procedures involved in the exit and discharge stage of the patient's stay in hospital, any delay in these stages will results patients are not happy and dissatisfy with the hospital (Padma et aI, 20 I 0). Therefore, during the whole hospitalization, all staff should demonstrate they care to the patients, and do everything to gain the patient's confidence in the hospital and ensure they feel safe during their hospitalization experience. The convenient of office hour, check-up and out procedure, billing procedure, grievances handling system, behavior of clerical and security staff and the sub-dimension measures in the current study. This entire dimension will make the

patients feel less inconvenienced by their treatment and further satisfy the patient with the services provided to them.

Hospital Infrastructure

This dimension addresses the patient's perception and satisfaction of quality with regard to the physical facilities in the hospital. Several studies have attempted to study the importance of the physical facilities in service delivery. In Lewis's (1990) study on banks, and building societies, he found that the respondents rated the physical features and as very importance, in particular, location, privacy and physical safety for bank and building societies. But retail customers rated the appearance of building, interior decoration, atmosphere and layout as important. Gronroos (1982) realized the role of "image" in the

Conceptualization of service quality, and emphasized it as a filter in the perception of service quality in addition to the technical and functional quality dimensions. Hence, in this current

Attempts to measure the customer's satisfaction on the cleanliness, sitting and bedding

, arrangement natural lighting, parking and eating places, flies and mosquitoes, marking on the wall and well-equipped units in the hospitals.

In this review, the primary aim is to carry out an in-depth investigation in to a number of research studies that critically discuss the relationship of dependent and independent influential attributes to overall patient satisfaction in addition to its impact on the quality improvement process with in health care organizations. The literature also focuses on measurement tools of patient satisfaction.

Table 2 summarizes the conceptual emphasis placed on each new dimension as derived from the statements groupings per factor .Two of the factors (factor 1 and factor 6) present similar characteristics to dimensions offered in the original dimensions. The new Empathy dimensions includes all the statements associated with Empathy in the original dimension scale as well as two statements from the original responsiveness Dimension

.Therefore the main emphasis of this dimensions is caring nature and the demonstration
of sincere concern from patients' needs

Table 2. Conceptual emphasis of emergent dimensions.

Emergent Dimensions	Main Emphasis
Empathy (Factor 1)	Caring attentive ,and show a concern for patients" needs
Patient –Centeredness (Factor 2)	Respectful ,focused attention to patient and build rapport with individual
Technical Ability (Factor 3)	Staff is Knowledgeable ,Dependable and possess good medical skills
Reassurance (Factor 4)	Patients wants to understand treatment given , feel secure and safe and believe staff have best interest at heart
Waiting Time (Factor 5)	Duration of waiting time until service delivered
Infrastructure (Factor 6)	Both organization and physical structure ; modern equipment , neat and clean surroundings including staff ,efficient service delivery process
Urgency (Factor 7)	Fast service should a need to resolve ailments as quickly and efficiently as possible

Source: Wesso, 2016

The Tangible statements make a prominent appearance in the new Infrastructure
Dimensions. The inclusion of statements nine enhances this dimension by including
organizational structural (service delivery) elements to the previously solely physical
elements. Patient-centeredness focuses on the interpersonal relationship between

providers and patient's .There is also an aspect of assurance within the environment which builds trust in professional decision-making.

Factor three ,Named Technical ability ,place importance on the knowledge and skills possessed by their service providers ;while the Reassurance Dimension indicates patients desire to be informed on procedures which aid feelings of safety and trust .The fifth emergent factor ,Waiting time, shows that instead of being placed in a generic dimension for service time or responsiveness ,the time spent waiting for appointments and admissions are assed as an important ,separate factor. The Urgency Dimension is comprised of statements which emphasize the need for speedy and efficient services which resolve ailments timeously

Table 3 Overlap of Alternate Dimensions underlying Service Quality

Emergent Dimensions	Literature in alignment with dimension description (Dimension outlined Error! Reference source not found.)
Empathy	Infante et al ., 2004 ; Parasuraman et al ., 1988)
Patient- Centeredness	Anderson et al., 2001 ; Attree, 2001 ; Infante et al ., 2004 ; Sofaer ;&Gruman , 2003 Tam , 2007
Technical ability	Anderson et al ., 2001 ; Infante et al ., 2004 ; Sofaer ; &Gruman , 2003 Tam ,2007
Reassurance	Anderson et al ., 2001 ; Attree , Salia et al ., 2008 ;Sofaer ; &Gruman, 2003
Waiting time	Salia et al ., 2008 ; Tam , 2007
Infrastructure	Anderson et al ., 2001 ; Infante et al ., 2004 Sofaer&Gruman, 2003 ; Tam , 2007
Urgency	Sofaer&Gruman , 2003

Source: Wesso, 2016

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Research Design

The study conducted in Addis Ababa a capital city of Ethiopia, with a total population of more than 3 million. Administratively, the city administration is divided into 10 sub-cities and has 116 Wereda's/districts. In Addis Ababa, private health facilities are widely exist and are providing wider range of health care services.

This study used primary data sources. I prepared questionnaire so as to collect primary data. The questionnaire focuses on socioeconomic, demographic and other characteristics of the respondents and determinants that affect service quality and customer satisfaction. The questionnaire is used to collect quantitative data. In addition, previous work on the subject, books, journals, publications and other materials are secondary data sources that support and strengthen the study.

3.2. Target Population and Sampling Technique

The population is defined as the entire group of persons the researcher wants to study and contains all the variables of interest to the research. The population of this study was private health care hospital users in Addis Ababa three private hospitals. This includes the sub cities of Kadisco General hospital (Bole sub-city), Bethezatha General hospital (Kirkos sub-city) and Girum General hospital (Addis ketema sub city) ,based on exit interview at outpatient unit from Bethezatha General Hospital 116 (30%), Girum General Hospital 116 (30%) and Kadisco General Hospital 154 (40%). Totally for three hospitals 386.A non-probability sampling method was used in this study .This means the population may not be accurately represented. The type of non-probability sampling used

can be described as a convenience sampling Technique since the population sample was based on favorable availability of conditions.

The required sample size was calculated using the formula by (Cochran, 1963). Sampling Techniques, 2nd Ed., New York: John Wiley and Sons, Inc.

$n = p (1-p) (Z/E) 2$, where n = the size of the sample

p = the estimate of the population proportion to be interviews

z = the standard normal value corresponding to the level of confidence

e = the maximum acceptance margin of error

$n = 0.5 (1-0.5) (1.96/0.05)2$ $n = 384$

Finally 5 % non-response was added to the sample size obtained using the above formula.

The total sample size = 384 + (384 X 5%) = 384 + 19 = 403. Actually there are 386 respondents with only 4 % non-response rate.

3.3 Types of Data

This study uses primary data that will be collected through questionnaire in 3 Hospitals in Addis Ababa. The respondents are outpatients in the three selected hospitals.

34.Tools/ Instruments of Data Collection

The perception of health care quality were assessed through The SERVQUAL questionnaire .This questionnaire identifies five underlining component of service quality, namely Reliability, Empathy, Assurance, Responsiveness, and Tangible. Each component was comprised 5-7, questions, resulting were a standard questionnaire of 46 questions (23 questions asked for expected and a duplicate 23 questions for perceived quality.). These questions will be asked on a Likert scale of 1-7 (Strongly dis agree to

Strongly Agree).This questionnaire were modified to include demographic parameters as well as a questions pertaining to service satisfaction.

3.45Procedure of Data Collection

The study sites were purposively chosen because they serve many of the Addis Ababa City population hence the potential for attaining the estimated sample size. Individual respondents are identify using systematic sampling, which is done by first determining the population receiving health care in each hospital, and then dividing this by the required sample size to get the sampling interval. This led to every 5th client interviewed in the private hospital, with the starting point as the first client who came for care each day.

Before distribution of questionnaire 6 professional Nurses (2) from each hospitals were trained half days for 3 days, (April 6 -8/2017) the training was on job training.
The questionnaire hard copies were distributed both English and translated to Amharic language based on the client wish to re ensure a representative sample was reached.
The questionnaire was activated on April 10 2017 to April 27/2017 data was collected for a period of for 16 days. Respondents were informed that participation was voluntary. Anonymity was ensured and no personal information which could identified was requested on the questionnaire.

3.6Methods of Data Analysis

Data were entered using SPSS software version 20. The data was first checked for completeness and consistency. Before final analysis, data were cleaned and questionnaires with missing variables, information or mistakes are left out of the analysis. Coding will also be done at this stage.In order to clear all ambiguities 10 questionnaires were pre-tested. Minor adjustments were made after pre-test and the questionnaire was ready for actual data collection.

Procedure of Data Analysis

Statistical analysis methods where used to determine internal and external validity of the questionnaire. Regression analysis was performed to determine a model which can best determine the importance attributed to different quality assessment dimensions on satisfaction. This analysis was conducted on perceived service quality Scores, Significance levels where sets to $p<0.05$.

Reliability Data analysis

The concept of internal consistency is that the items (in this example, statements should all measure the same thing (in this case dimension) and therefore should be highly correlated. Two diagnostic measure should be used to determine internal consistency (Hair et al., 2006):

Using Cronbach's Alpha is (> 0.7) another method which is often used to assess the consistency of the entire scales.

These measures of reliability will be assessed as the various dimensions develop. Validity testing is the extent to which a set of measures represents a concept of interest with discriminant validity assessing the degree to which two conceptually similar concepts are distinct (Hair et al., 2006) In order to assess the discriminant validity of dimensionality .of the SERVQUAL , the data was subjected an exploratory analysis . The 'expectation 'values obtained were used since the dimensionality of the quality of service should be determined, not through what patient perceive, but rather through what they expect. (Luke, 2007).

According to table 3, all factors exhibited acceptable level of reliability. The level of 0.6 has, also limited, been view an acceptable level of reliability, but greater than 0.7 is preferred (Hair et. al., 2006). All of the original dimensions have Cronbach`s alpha value of greater or equal to 0.7 that shows preferred value of reliability.

Table 4: Reliability of original SERVQUAL dimensions

Original Dimensions	Number of Statements	Cronbach's alpha(>0.7)
Reliability	5	0.9
Assurance	6	0.8
Empathy	4	0.8
Responsiveness	4	0.7
Tangibility	4	0.7

Source: Author's Field Survey, 2017

Model Analysis

A regression analysis examines the relationship between the dependant (in this case, customer satisfaction) and the independent variable (in this case all revealed dimensions) which will best predict the value of the said dependant variable. This analysis will estimate the coefficients of this predictive linear equation evolving one or more of the independent variables.

All variables must pass the tolerance criteria at a tolerance level of 0.0001. Any variable which causes the tolerance of another variable to fall below this criterion will be dropped. A Regression coefficient: Estimates shows Regression coefficient B, SE of B, Standardized coefficient of beta, t value of B and significance level of confidence intervals displays 95% of confidence intervals for each regression coefficient.

$Y = \beta_0 X_1 + \beta 1 X_2 + \beta_2 X_3 + \ldots$

Customer satisfaction $= \beta_0 + \beta 1$ Reliability $+ \beta_2$ Assurance $+ \beta_3$ Empathy $+ \ldots$

CHAPTER FOUR

RESULTS & DISCUSSIONS

4.1 Demographic characteristics versus of the results

A total of 31 hospitals and 647 private for profit health facilities of different level (135 higher clinics, 250 medium, 160 lower and 112 specialized clinics) are available and widely provide health care services. This study will focus on the private hospital.

The study takes on a quantitative design .Quantitative research design is used predominantly to predict, describe and explain quantities as well as relationships from a defined sample. By collecting numerical data, researchers are able to describe, details of a situations, social environment or relationship .Statistical methods are followed to analyze data in order to make inferences about results of research.

This study is also descriptive in nature in that it aimed to describe the characteristics of a phenomenon and relation between dimensions of service quality and customer satisfaction. The main objective of this study is to determine the differences between the expected quality of service from a health care facility and the perceived quality of service from Addis Ababa Private health care facilities, Secondly this study aims to understand the importance given to certain dimension in overall satisfaction of health care service quality in private hospital Ethiopia Addis Ababa. In order to determine perceptions of health care delivery a self- administer questionaries' were provided to Ethiopian citizens who have used private healthcare facilities.

This study investigated the difference between patient expectations and perceptions regarding service quality. In addition to this aim, the research conducted sought to understand the underlying contributors (relating to quality) to overall satisfaction with health care services in selected population.

Table 5 indicate that almost half of the population assessed were female with most of the respondents being between the age of 41 and 60 years old followed by 26-40 years age groups . The sample covered all of the 10 sub-cities. The most represented sub-cities Gulelle (34%) ,Kirkos 17 % and Arada (12%) respectively. These Sub-cities reported more service delivery protests than any other of sub cities. Therefore the result of this study is especially pertinent since it assess the perceived level of quality and satisfaction in sub-cities which indicates low level of satisfaction and thus provide insight on how to improve this parameter.

Although the aim of this study was not to establish demographic factors affecting service quality ,the demographic were considered in order to provide back ground information on the nature of the participants of the study .There are many variables in Addis Ababa population which may form perceptions Table 5 also indicates the sub -city distribution of participants with the highest prevalence being in the Gulelle sub- city (34%) .The population of this study covered abroad range of the Addis Ababa population. The participants represent all of the 3 sub-city including the top two most populated sub-cities (Gullele and Kirkos).

This analysed responses from 386 participants who met all inclusion criteria and did not fall under any exclusion criteria. Table 4 shows the distribution of the sample which was 46% male and 54 % female with the most prevalent age group being $41 - 60$, 44% and the least frequent being > 60, (15 %).

Table 5Demographics Descriptive Statistics

		Number	**Percent**
Gender	Male	179	46
	Female	207	54
Total		**386**	**100**
Age	18-25 Years	63	16
	26-40 Years	96	25
	41-60 Years	170	44
	>60 Years	57	15

Total		386	100
Sub-city	Bole	27	7
	Yeka	41	11
	Arada	47	12
	Kirkos	67	17
	Gulele	132	34
	Addis Ketema	5	1
	KolfeKeranio	22	6
	NifasilkLafto	14	4
	AkakiKality	12	3
	Lideta	19	5
	Other(Out of Addis Ababa)	**0**	**0**
Total		**386**	**100**

Source: Author's Field Survey, 2017

The results of the study show that there are seven dimensions underlying over all service quality. It was also that there are significant difference between the perceived and expected service quality of all dimensions .while significance difference between perceived and expectant service quality where found .the effect size also show that this difference is also substantively important .The findings also suggest relationship between dimension of service .

Further research can be conducted to investigate the effect of region, education, religion, socio-economic background and Urban Versus rural differences on quality and satisfaction ratings. However, this study aimed to determine general quality perceptions throughout the population and the diverse of service satisfaction. Therefore demographic such as religion, education and income level were not taken in to consideration and income.

This thesis was based on the premise that there are five dimensions of service quality as per Parasuramanet el. (1998). Once an exploratory factor analysis was conducted a seven

dimension model emerged .This seven dimension emergent model explains 49% of the variance of the data and received high alpha scores for reliability. Up on further investigation it was ascertained that the original quality dimensions (Tangible, Reliability, Responsiveness, Assurance and Empathy) received high alpha score for the reliability as well as (Table 4) , which would attest for the validity of the original factors/dimensions ,however a factor analysis limited to a fixed number of factors (five) did not factor statements in to those theoretical dimensions and further analysis was based on the recently developed seven factor model.

The factors which emerged have shared qualities with dimensions revealed in previous literature where the SERVQUAL questionnaire was also used as a tool to measure quality (Anderson et al., 2001; Infante et al 2004; Parasuraman et al., 1988; Salia et al., 2008; Sofaer and Gruman, 2003; Tam, 2007) .Table 4 indicates the overlap in dimension characteristics with other research studies in service quality

Table 6 Overlap of Alternate Dimensions underlying Service Quality

Emergent Dimensions	Literature in alignment with dimension description (Dimension outlined Error! Reference source not found.)
Empathy	Infante et al ., 2004 ; Parasuraman et al ., 1988)
Patient- Centeredness	Anderson et al., 2001 ; Attree, 2001 ; Infante et al ., 2004 ; Sofaer ;&Gruman , 2003 Tam , 2007
Technical ability	Anderson et al ., 2001 ; Infante et al ., 2004 ; Sofaer ; &Gruman , 2003 Tam ,2007
Reassurance	Anderson et al ., 2001 ; Attree , Salia et al ., 2008 ;Sofaer ; &Gruman, 2003

Waiting time	Salia et al ., 2008 ; Tam , 2007
Infrastructure	Anderson et al ., 2001 ; Infante et al ., 2004 Sofaer&Gruman , 2003 ; Tam , 2007
Urgency	Sofaer&Gruman , 2003

Source: Wesso, 2016

The most informative results regarding the emergent dimension includes the SERVQUAL score and the statistical difference between expectations and perceptions for all dimensions. The SERVQUAL score is the mean difference for each dimension (perception minus expectation). Since the SERVQUAL scores hold potentially valuable information, it was thus important to determine whether these differences where statistically large enough to comment on.

Since all SERVQUAL scores (for each dimension as well as overall quality scores) were proven to be both statistically significant and to have a significantly large effect size (Table 7), it warrants further consideration.

The emergence of Infrastructure and Assurance as prominent dimensions (in both expectations and perceptions) , is not surprising since research is indicated hygiene and technical skills as imperative to positive health care perception (Andaleeb , 2001 ; Kelly and Hurst ,2006). The lowest expectation, regarding statements, high lights the important of convenient office hours with a rating of 6.06, this still a high rating and should be assessed as such.

Dissatisfactory waiting times are prevalent in developing countries. This element is highlighted in that waiting time for daily service received the lowest perceived evaluation. This deficit is often occurs in Regions where service, resources and Administrative coordination are often not well established (Akter et al., 2008; Smith

&Engel Brecht, 2001). The competence of Doctors and appearance of medical staff being were valued the highest and reflected a pleasing assessment of clinical care.

These dimensions were also prominently represented when assessing the rank of SERVQUAL scores (mean differences). Daily waiting time had the greatest perceived gap and the competence of doctors showed the smallest difference between the expected and the perceived ratings

4.2 Analysis of collected data

4.2.1 Descriptive analysis

The sample also represents a mix of facility usage with some indicating use of predominantly either public or private health facilities .Assessing this information as, is relevant to this study, we can ascertain that 39% of the sample use a public facilities either exclusively or occasionally and the rest (61%) using predominantly private health care facilities - See note 61% of the sample have used private facilities.
The opinion of expectation and perception on service quality also covers a range of public and private facility users (Fig. 1). Approximately 39% of the respondents have used public facilities .Most of the respondents (38%) indicate that their perceptions are formed through secondary source with 59% using personal experience to form opinions and only 3% indicated and influence from media.

**Fig 1: Influencer of perception on Private health care facilities**

Influencer of perception on Private health care facilities
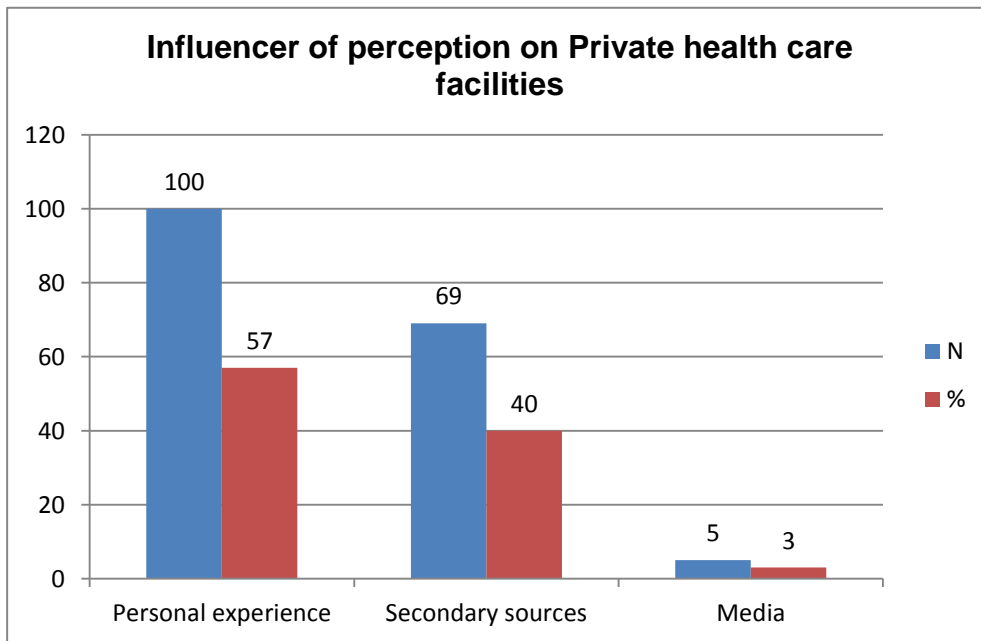
Source: Author's Field Survey, 2017

Table 7: Facility usage

Facility Usage	N	Percent
Public	104	27
Mostly Public	46	12
Private	214	55
Mostly Private	22	6
Total	**386**	**100**

Source: Author's Field Survey, 2017

As we see from Fig 2 , most of the respondents were from private/mostly private facilities (61%) and the remaining 39% from public/mostly public facilities as shown in

Fig 2.Facility usage in two categories.
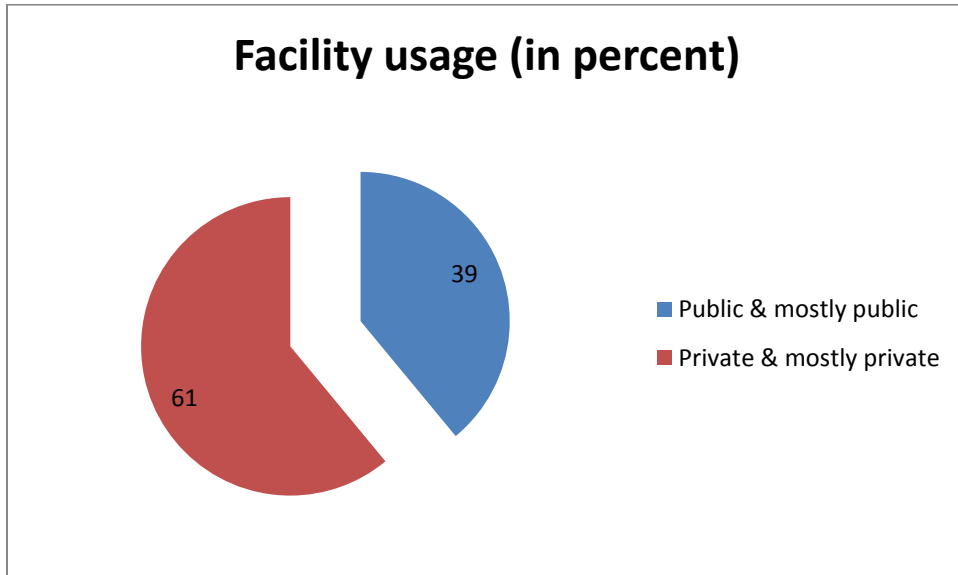
N.B. 61 % of the sample has used private/mostly private facilities

According to SERVQUAL mean score for perception and expectation in Table 7, the perception is lower than estimation for each statement with the highest mean difference in statement that said **"**The patient room should be comfortable enough" and with lowest mean difference "Doctors/Nurses in an excellent hospital should listen to you attentively". The overall mean score difference is – 0.66 and it showed that there is overall high expectation than estimation.

Table 8: Mean scores for each SERVQUAL statement

Statement Number	Statement	Perceived (Mean)	Expected (Mean)	SERVQUAL Score difference
1	Hospitals should have up-to-date and well maintained equipment	5.92	6.63	-0.71
2	Cleanliness and hygiene in hospitals should be clean and well groomed	5.79	6.59	-0.80
3	The nurses and doctors should be clean and well gloomed	5.81	6.74	-0.93
4	The patient room should be comfortable enough	5.30	6.75	-1.45
5	Excellent hospitals should provide treatment, diagnostic tests and other services in an acceptable time period	5.95	6.60	-0.65
6	When a patient has a problem, the hospital should show sincere interest to solve it	6.12	6.59	-0.46
7	Doctors should explain health conditions, diagnosis and treatment in an understandable way	6.23	6.58	-0.35
8	Nurses should explain to patients exactly when and what they are going to do	5.92	6.67	-0.75
9	If you are admitted, doctors should monitor your health status regularly/daily	5.71	6.74	-1.03
10	Doctors/Nurses should respond immediately when called by patients	6.03	6.59	-0.56
11	Doctors/Nurses should be willing to help patients	6.19	6.61	-0.42
12	Waiting time for admission shouldn't be longer than a week	5.80	6.57	-0.77
13	Waiting time for daily service shouldn't be longer than 45 minute	5.93	6.68	-0.75
14	Doctors should be competent	6.21	6.53	-0.32
15	Nurses should be skillful patients should feel	6.05	6.54	-0.49
16	Confident when receiving medical treatment	6.15	6.57	-0.42

17	Excellent hospitals should provide privacy during treatment	6.19	6.61	-0.42
18	Doctors/Nurses should be respectful towards patient	6.53	6.59	-0.07
19	Doctors/Nurses should have good knowledge to answer patient's questions	6.04	6.59	-0.55
20	Nurses in excellent hospitals should be caring	6.20	6.65	-0.45
21	Doctors/Nurses in an excellent hospital should listen to you attentively	6.39	6.61	-0.22
22	Doctors should spend enough time with each patient	5.95	6.66	-0.71
23	Operating hours in an excellent hospital should be convenient for patients	6.15	6.69	-0.54
	MEAN SCORE	6.02	6.68	-0.66

Source: Author's Field Survey, 2017

The highest perception from Table 7 is **"**Doctors/Nurses should be respectful towards patient" followed by "Doctors/Nurses in an excellent hospital should listen to you attentively" while the lowest perceptions are "The patient room should be comfortable enough " followed by "If you are admitted, doctors should monitor your health status regularly/daily". Similarly the highest and lowest expectations are "The patient room should be comfortable enough" and "Doctors should be competent", respectively. The highest mean differences between Perception and estimation is observed on the statement "The patient room should be comfortable enough" and the lowest mean differences on" Doctors/Nurses should be respectful towards patient"

Table 9: Five Highest and lowest Means SERVQUAL statements

Table. Five Highest and Lowest Means for SERVQUAL Statements			
Five highest Perceptions		Five lowest Perceptions	
Statement	Mean	Statement	Mean
18	6.53	4	5.30
21	6.39	9	5.71
7	6.23	2	5.79
14	6.21	12	5.80
20	6.20	3	5.81
Five highest expectations		Five lowest expectations	
Statement	Mean	Statement	Mean
4	6.75	14	6.53
3	6.74	15	6.54
9	6.74	12	6.57
23	6.69	16	6.57
13	6.68	7	6.58
Five smallest differences(SERVQUAL score)		Five largest differences(SERVQUAL score)	
Statement	Mean	Statement	Mean
11	-0.42	4	-1.45
7	-0.35	9	-1.03
14	-0.32	3	-0.93
21	-0.22	2	-0.8
18	-0.07	12	-0.77

Source: Author's Field Survey, 2017

Almost all (96 %) patients are satisfied with the service provided and there is no patient responded they were dissatisfied by the service provided see Fig. 3. The rating showed the highest satisfaction (51%) and very satisfied (41%) and only (4 %) were neutral

Fig 3: Customer satisfaction

Customer satisfaction on service provided (%)
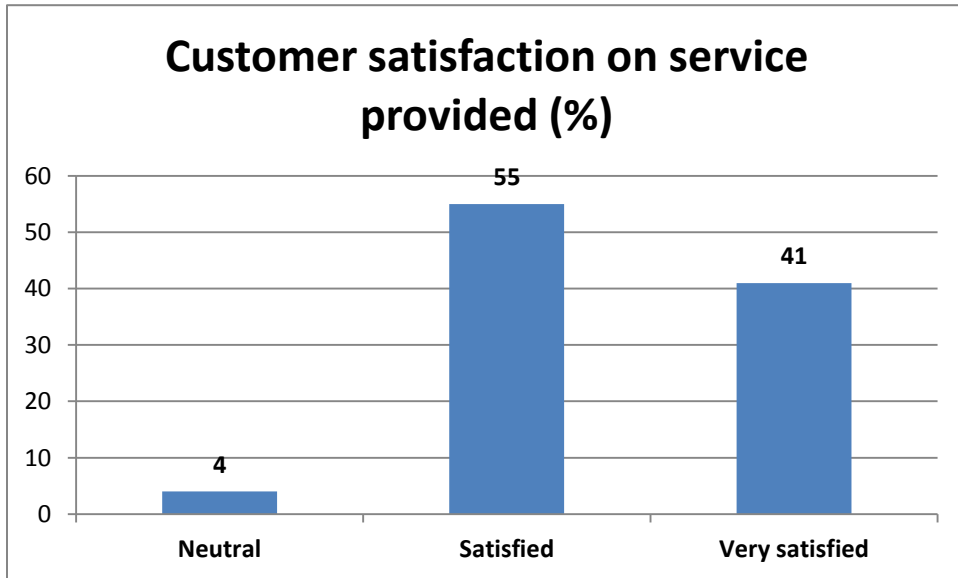
Source: Author's Field Survey, 2017

When we are observing the dimensions the highest mean value for expectation is on Tangibility and the lowest on Assurance. To the contrary, the highest mean score for perception is on Assurance and the lowest on Tangibility.

Observing the mean difference the highest value is on Tangibility (-0.97) and lowest on patients centeredness (-0.37). It shows that there is a huge gap on tangibility between perception and expectation while there is a minimum gap on Assurance.

Table 10. New dimensions ranked according to Mean scores

Ranked expectation		Ranked Perception	
Dimensions	**Mean**	**Dimensions**	**Mean**
Tangibility	6.68	Assurance	6.20
Empathy	6.65	Empathy	6.17
Reliability	6.64	Reliability	5.99
Responsiveness	6.61	Responsiveness	5.99
Assurance	6.57	Tangibility	5.71

Ranked SERVQUAL score	
Dimensions	**Mean**
Tangibility	-0.97
Reliability	-0.65
Responsiveness	-0.62
Empathy	-0.48
Assurance	-0.37

Source: Author's Field Survey, 2017

4.2.2 Correlation of variables

The correlation between the independent and dependent variables showed that all the five variables are significantly related with customer satisfaction at 95 % confidence interval.

Table 11: Cross Tabulation with Chi-Square Significant Test of customer satisfaction of the Respondents by original SERVQUAL statements.

Characteristics	X^2- Value
Tangibility (n= 386)	184.2*
Reliability (n = 386)	99.9*
Responsiveness (n =386)	103.0*
Assurance (n = 386)	204.6*
Empathy (n =386)	100.5*

* P < 0.05

Source: - Author's Field Survey, 2017

4.2.3 Regression of variables

Regression analysis was conducted assess how the five dimensions of quality predict satisfaction ratings. The regression used the overall satisfaction rating as the dependent variable against the five dimensions of service quality.

Table 12. Coefficient of predictive variables

Satisfaction grouped		B	Std. Error	Wald	df	Sig.	Exp(B)	95% Confidence Interval for Exp(B)	
								Lower Bound	Upper Bound
Dissatisfied	Intercept	31.633	7.405	18.250	1	.000			
	Tangibility	-.458	.150	9.331	1	.002	.632	.471	.849
	Reliability	-.466	.167	7.758	1	.005	.627	.452	.871
	Responsiveness	-.242	.217	1.246	1	.264	.785	.513	1.201
	Assurance	-.401	.184	4.736	1	.030	.670	.467	.961
	Empathy	.310	.186	2.784	1	.095	1.364	.947	1.963

The model shows that, Tangibility, Reliability and Assurance are significantly related to the dependent variable at 95% confidence interval.

Customer Satisfaction = 0.63 (Tangibility) +0.63 (Reliability) + 0.67 (Assurance)---Eq.1

Equation 1 implies that if Tangibility increases by 1% then customer satisfaction will increase for 63 % keeping other variables constant. Similarly, if Reliability and Assurance increases by 1%, customer satisfaction increases by 63% and 67%, respectively keeping other variables constant.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1. Conclusions

Patient satisfaction is not a clearly defined concept, although it is identified as an important quality outcome indicator to measure success of the services delivery system. Patient evaluation of care is important to provide opportunity for improvement such as strategic framing of health plans, which sometimes exceed patient expectations and benchmarking. The advantages of patient satisfaction surveys rely heavily on using standardized, psychometrically tested data collection approaches. Therefore, a standardized tool needs to be further developed and refined in order to reflect positively on the main goals of patient satisfaction survey. This literature review provides a comprehensive understanding of determinants of patient satisfaction either dependent or in-dependent variables, and compares the magnitude of the effects of various independent healthcare dimensions on overall patient satisfaction. There was a common salient determining factor between the studies which was interpersonal skills in terms of courtesy, respect by healthcare providers in addition to communication skills, explanation and clear information, which are more essential and influential than other technical skills such as clinical competency and hospital equipment.

Although feedback from patient satisfaction surveys is an established yardstick for healthcare quality improvement plans, they are still not being systematically and extensively utilized for developing improvement initiatives. Furthermore, it is agreed that a patient satisfaction questionnaire is considered to be a significant quality improvement tool; therefore, detailed description of the different questionnaires that have been used to assess patient satisfaction surveys will be discussed extensively in a separate study.

Finally, this review of various elements of patient satisfaction ranging from its measurement, predictors for improving overall patient satisfaction and impact of collecting patient information to build up strategic quality improvement plans and initiatives has shed light on the magnitude of the subject. It thus provides the opportunity for organization managers and policy makers to yield a better understanding of patient views and perceptions, and the extent of their involvement in improving the quality of care and services. Furthermore, mangers implement effective change by unfreezing old behaviors, introducing new ones, and re-freezing them for better healthcare

5.2 Recommendations

In this study it has been found that, Empathy is the most frequently raised perception for patients to influence their satisfaction. Therefore waiting time need to be shorter.

- As the study showed, public facilities should tailor their service towards patient centeredness so that a lot of patients will seek service from them.

- In this study, also shows that satisfaction will increase as service point is comfortable for patients. Policy makers and administrators of health care facilities need to give much attention for making rooms comfortable for patients.

- To address patients' satisfaction, Doctors should spend enough time with each patient and operating hours in hospital should be convenient for patients as it was observed in this study.Further research can be conducted to investigate the effect of region, education, religion, socio-economic background and Urban Versus rural differences on quality and satisfaction ratings. However, this study aimed to determine general quality perceptions throughout the population and the diverse of service satisfaction. Therefore demographic such as religion, education and income level were not taken in to consideration and income.

The directors should then be able to improve on the functional quality of the general health care services they are offering, especially in the areas that were identified as weakest, which include physical facilities, equipment and appearance / presentation of personnel. The managers and staff of the three health facilities can identify problems from the patients" view point and make improvements. This is because client satisfaction influences whether clients continue to use the health facility, to adhere to treatment and if they refer other users.

It is important to establish a system of regularly getting clients" feedback on different aspects of the services provided, in order to improve on them and serve clients better.

REFERENCES

Africa Health Workforce Observatory. 2010. AHWO Al-Abri R. Managing change in healthcare. Oman Med J 2007. Oct;22(3):9-10 [PMC free article] [PubMed]

. Andrabi S. A., Hamid S., Rohul, J.&Anjum F. (2012). Measuring patient satisfaction: A cross sectional study to improve quality of care at a tertiary care hospital, Health line, Vol. 3, NO. 1, pp. 59-62.

Ann, K., Matthew, D., Douglas, M., Jeannie, P., Linda, F., Donna F. & Linda H. (2009). Nursing: A Key to Patient Satisfaction, Health Affairs (Millwood), Vol.: 28, NO.4, pp. w669–w677. [PMC free article] [PubMed]

Burns, N & Grove, SK. 2007.Understanding Nursing Research.4th edition. Philadelphia: WB Saunders.

Centre for Global Development. 2009. Partnerships with the private sector in health: what the international community can do to strengthen health system in developing countries. Washington DC: USA

Creswell, JW, Plano-Clark, VL, & Garrett, AL. 2008. Methodological issues in conducting mixed methods research design. In Advances in mixed methods: theories and practices. Edited by MM, Bergman. Thousands Oak, CA: Sage.

Detriments of patient satisfaction: a study among 39 hospitals in an in-patient setting in Germany.[Int J Quality Health Care. 2011]

FMOH. 2001. Health and Health Related Indicator. Addis Ababa

FMOH. 2013. Public Private Partnership in Health Framework for Ethiopia

FMOH. 20011. Health and Health Related Indicator. Addis Ababa

FMOH. 2010. Health Sector Development Program IV 2010/11 – 2014/15. Addis Ababa

Forough R, Mohammad E, Hamid H. Nurse caring in Iran and its relationship with patient satisfaction. Australian Journal of Advanced Nursing, Vol 2007;26(2):75-84

Gezahegn, G, Gezahegn, T, Mitiku, TH &Negussie, D. 2014. Quality of Tuberculosis Care in Private Health Facilities of Addis Ababa, Ethiopia. Hindawi Publishing Corporation. Tuberculosis Research and Treatment: e720432

International Finance Cooperation. 2006. The Business of Health in Africa Partnering with the Private Sector to Improve People's   Lives. World Bank Group. Washington. USA

John S., Anne M., B. & Austin L. (2003). Development of the Irish National Patient Perception of Quality of Care, International Journal for Quality Health Care, Vol.:15, NO.2, pp. 163-168. [PubMed

Judith KB, Tierney EG, Shoshanna S, Cathy ED, William JW, Marcia KP. Using Public Reports of Patient Satisfaction for Hospital Quality Improvement. Health Serv Res 2006;4(13):663-682

José MQ, Nerea G, Amaia B, Felipe A, Antonio E, Cristóbal E, et al. S., Emilio, S. and Andrew, T. (2006). Predictors of patient satisfaction with hospital health care, Health Services Research, Vol: 6, NO.102 [online], available at: http://www.biomedcentral.com/1472-6963/6/102 [Accessed on December 2006].

Linda, D., U. (2002). Patient satisfaction measurement: current issues and implications. Lippincott's Case Management, Vol: 7, NO.5, pp.194-200. [PubMed]

Koichiro, O., Brian, W., Kelly, M. F., Sarah, B., Thomas, E. B. & Claiborne D.(2009)Patient Satisfaction: Focusing on "Excellent", Journal of Healthcare Management, Vol: 54, NO.:2, PP.93-103. [PubMed]

Kui-Son Choi, Hanjoon Lee, Chankon Kim, Sunhee Lee, (2005),"The service quality dimensions and patient satisfaction relationships in South Korea: comparisons across

gender, age and types of service", Journal of Services Marketing, Vol. 19, NO. 3pp. 140 – 149[online], available athttp//dx..org/10.1108/08876040510596812 [Cross Ref]Mark Roberts, WiliamHasiao, PetereBurman& Michael R. Reich, 2004, Getting Health Reform Right, A Guide to Improve Performance & Equity, New York, Oxford University Press

Mary D., Phil C. & Heather B. (2001). Seeking consumer views: what use are results of hospital patient satisfaction surveys? International Journal for Quality in Health Care, Vol.:13, NO.6, PP.463-468. [PubMed

Nicholas, G., C., Julie, B., Kimberly, A., H. & Ron, D., H. (2005). Review of Literature on Survey Instruments Used to Collect Data on Hospital Patients' Perceptions of Care, Health Services Research, Vol: 40, NO.: 6, PP. 1996-2017 [PMC free article] [PubMed]

Nguyen Thi PL, Briançon S, Empereur F, Guillemin F. Factors determining inpatient satisfaction with care. SocSci Med 2002. Feb;54(4):493-504 10.1016/S0277-9536(01)00045-4 [PubMed] [Cross Ref]

Otani K, Herrmann PA, KurzRS.Improving patient satisfaction in hospital care settings. Health Serv Manage Res 2011. Nov;24(4):163-169 10.1258/hsmr.2011.011008 [PubMed] [Cross Ref

Patient satisfaction instruments used at academic medical centers: results of a survey.[Am J Med Qual. 2003]
Rogers G.& Smith D. (1999) Reporting comparative results from hospital patient surveys. International Journal Quality Health Care, Vol, 11pp. 251–259. [PubMed]

Sarah LC, Lei J, Wendy L, David O. M.(2008). Does Doctor-Patient Communication Affect Patient Satisfaction with Hospital Care: Results of an Analysis with a Novel

Instrumental Variable? Health Science Research, Vol: 43, NO. 5 [online], available at: http://www.blackwell-synergy.com/doi/abs/10.111/j.1475-6773.2008.00849.x [Accessed: October 2008]. [PMC free article] [PubMed

Shou-Hisa C, Ming-Chin Y, Tung-uang C. Patient satisfaction with and recommendation of a hospital: effects of interpersonal and technical aspects of hospital care. International Journal for Quality in Health Care, Vol 2003;15(4):345-355 .10.1093/intqhc/mzg045 [PubMed] [Cross Ref]

Sung Soo K, Stan K, Mark VJ. (2004). The Effects of Physician Empathy on Patient Satisfaction and Compliance, Evaluation & The Health Professions, Vol. 27 No. 3, pp. 237-25[online], available at:http://ehp.sagepub.com/content/27/3/237 [PubMed

The Picker Patient Experience Questionnaire: development and validation using data from in-patient surveys in five countries.[Int J Qual Health Care. 2002]

The measurement of patient satisfaction.[J Nurs Care Qual. 2002]

 William E. K., Jo Ann D., Michael D. & George G. (2004). The applicability of SERVQUAL in cross-national measurements of health-care quality, Journal of Services Marketing, Vol 18 NO.; 7 pp. 524-533 [online], available athttp//dx..org/10.1108/08876040410561857 [Cross Ref]

Yogesh PP, Gaurav R, Satyanarayana C. (2011). Factors affecting In-patient Satisfaction in Hospital - A Case Study, International Conference on Technology and Business Management, March 28-30, 2011

Annexes

ASSESMENT OF SERVICE QUALITY AND CUSTOMERS' SATISFACTION (THE CASE OF PRIVATE HOSPITALS IN ADDIS ABABA)

What do Ethiopian (Addis Ababa) want from Private healthcare facilities?

The aim of this research is to assess the Addis Ababa population's perception of the quality of service in private healthcare hospitals as well as the most influential factors of patient satisfaction within the SERVAUAL framework.

This questionnaire will assess:

YOUR **EXPECTED QUALITY** OF SERVICE FROM AN EXCELLENT

HOSPITAL (Which statements are **essential** for a hospital to be considered 'excellent')

versus

YOURPERCEIVED **QUALITY** OF SERVICE FROM ADDIS ABABA PRIVATE HOSPITAL

The entire questionnaire should not take you longer than 7min to complete.

Your participation will be completely anonymous.

-PART – ONE EXCELLENT HOSPITALS

Q1 – How do you form your perceptions of private healthcare?

- Personal experience
- Secondary sources (friend's and family's experience)

Q2 – Which healthcare facilities do you use?

o Public
o Mostly Public
o Private

o   Mostly Private

Q3 – When was your last visit to a healthcare facility?

o   Less than 2 years ago
o   More than 2 years ago

Q4 – In which sub-city do you reside?

o   Bole
o   Yeka
o   Arada
o   Kirkos
o   Gulele
o   Adisketema
o   Kolfekeranio
o   Nefas silk lafto
o   Akakikality
o   Addis Ketema
o   Others (Out of addis Abeba)

Q5 - Age

o   18-25 Years
o   25-40 years1``
o   41-60 years
o   > 61 years

Q6- Gender:

o   Male
o   Female

PART TWO –   EXCELLENT
HOSPITALS

Q7 – Below is a list of points describing EXPECTED service of hospitals? Please indicate which statement is essential for a hospital to be considered excellent.

Strongly disagree = not an essential feature /strongly agree = essential feature

	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat agree	Agree	Strongly agree
Hospitals should have up to Date and well maintained Equipment	○	○	○	○ ○	○	○	○
Cleanliness and hygiene in Hospitals should be Excellent	○	○	○	○ ○	○	○	○
The nurses and doctors Should be clean and well Groomed	○	○	○	○ ○	○	○	○
The patient room should Be comfortable enough	○	○	○	○ ○	○	○	○

Q8 – Strongly disagree = not an essential feature / strongly agree = essential feature

	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat agree	Agree	Strongly agree
Excellent hospitals should Provide treatment, diagnostic Tests and other services in an Acceptable time period	○	○	○	○ ○	○	○	○
When a patient has a Problem, the hospital should Show sincere interest to Solve it	○	○	○	○ ○	○	○	○
Doctors should explain Health conditions, diagnosis And treatment in an Understandable way	○	○	○	○ ○	○	○	○
Nurses should explain to Patients exactly when and What they are going to do	○	○	○	○ ○	○	○	○

If you are admitted, doctors

	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat agree	Agree	Strongly agree
Should monitor your health Status regularly/daily	O	O	O	O O		O	O

Q9 – Strongly disagree = not an essential feature / strongly agree = essential feature

	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat agree	Agree	Strongly agree
Doctors/nurses should Respond immediately when Called by patients	O	O	O	O O		O	O
Doctors/nurses should be Willing to help patients	O	O	O	O O		O	O
Waiting time for admission Shouldn't be longer than a Week	O	O	O	O O		O	O
Waiting time for daily Service shouldn't be longer Than 45 min	O	O	O	O O		O	O

EXCELLENT
HOSPITALS

Q10- Below is a list of points describing EXPECTED hospital services. Please indicate which statement are essential for a hospital to be consider excellent.
Strongly disagree = not an essential feature / strongly agree = essential feature

	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat agree	Agree	Strongly agree
Doctors should be Competent	O	O	O	O O		O	O
Nurses should be skillful	O	O	O	O O		O	O
Patients should feel Confident when receiving Medical treatment	O	O	O	O O		O	O
Excellent hospitals should Provide privacy during Treatment	O	O	O	O O		O	O
Doctors/nurses should be Respectful towards patient	O	O	O	O O		O	O

	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat agree	Agree	Strongly agree
Doctors/nurses should have Good knowledge to answer Patient's questions	○	○	○	○ ○		○	○

	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat agree	Agree	Strongly agree
Nurses in excellent Hospitals should be caring	○	○	○	○ ○		○	○
Doctors/nurses in an Excellent hospital should Listen to you attentively	○	○	○	○ ○		○	○

	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat agree	Agree	Strongly agree
Doctors should spend Enough time with each patient	○	○	○	○ ○		○	○
Operating hours in an Excellent hospital should Be convenient for patients	○	○	○	○ ○		○	○

PART THREE –ADDIS ABABA PRIVATE HOSPITALS

Q12 – Below is a list of points describing PERCEIVED private hospital services?
Please show the extent to which you perceive Addis Ababa private HOSPITALS do possess the features described

Strongly disagree = do not have feature at all / strongly disagree = strong evidence of feature

	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat agree	Agree	Strongly agree
private hospitals have up to Date and well maintained Equipment	○	○	○	○ ○		○	○
Cleanliness and hygiene in Private hospitals are of a high Standard	○	○	○	○ ○		○	○
The nurses and doctors are Clean and well-groomed	○	○	○	○ ○		○	○

The patient room was
Comfortable enough
○   ○   ○   ○ ○   ○   ○

Q13 – Strongly disagree = do not have feature at all / strongly disagree = strong

	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat agree	Agree	Strongly agree

Private hospitals provide
treatment, diagnostic tests
And other services within an
Acceptable time period
○   ○   ○   ○ ○   ○   ○

When I have a problem,
private healthcare workers
Show willingness to solve it
○   ○   ○   ○ ○   ○   ○

Doctors explain health
Conditions, diagnosis and
treatment in an
Understandable way
○   ○   ○   ○ ○   ○   ○
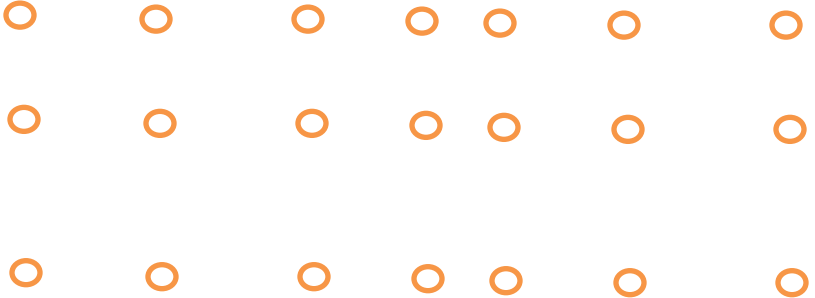
	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat agree	Agree	Strongly agree

Nurses explain exactly what
They do to patients
○   ○   ○   ○ ○   ○   ○

If I was admitted doctors
Would monitor my health
Status regularly/daily
○   ○   ○   ○ ○   ○   ○
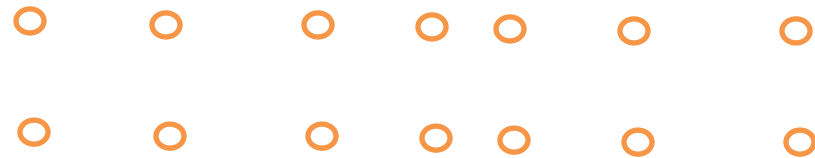
Q14 – Strongly disagree = do not have feature at all / strongly disagree = strong evidence of feature

	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat agree	Agree	Strongly agree

Doctors/nurses responded
Immediately when I try to
get their attention
○   ○   ○   ○ ○   ○   ○

6

Doctors/nurses are helpful	○	○	○	○	○	○	○
Waiting time for admission is not too long/longer than a Week	○	○	○	○	○	○	○
Waiting time for daily Services is not too Long/longer than 45min	○	○	○	○	○	○	○

Q15 – Below is a list of points describing perceived private hospital services? Please show the extent to which you perceive ADDIS ABABA PRIVATE HOSPITALS do possess the features described

Strongly disagree = do not have feature at all / strongly disagree = strong evidence of feature

	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat agree	Agree	Strongly agree
Doctors are competent	○	○	○	○	○	○	○
Nurses are skillful	○	○	○	○	○	○	○
I feel confident receiving Medical treatment	○	○	○	○	○	○	○
Private hospitals provide Privacy during treatment	○	○	○	○	○	○	○
Private hospital staff is respectful	○	○	○	○	○	○	○
Private hospital staff are able to answer all my questions	○	○	○	○	○	○	○

Q16 – Strongly disagree = do not have feature at all /strongly disagree = strong evidence of feature

	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat agree	Agree	Strongly agree
Nurses in private hospitals are caring	○	○	○	○	○	○	○
Doctors/nurses listen to me	○	○	○	○	○	○	○

attentively

Doctors spend enough time
checking and advising me   ○   ○   ○   ○ ○   ○   ○

Operating hours of public   ○   ○   ○   ○ ○   ○   ○
Facilities are convenient

Q17 – How satisfied are you with the quality of private healthcare Services

     Very dissatisfied   Dissatisfied   Neutral   Satisfied   Very satisfied

         ○   ○   ○   ○   ○

Thank you for participating and completing the questionnaire in this study. This survey forms part of a research study under the supervision of the ST.MARY'S UNIVERSITY SCHOOL OF GRADUATE STUDIES FACULITY OF BUSINESS

Tsegaye Leulseged

<u>የአገልግሎት ጥራትና የደንበኞች እርካታ ግምማ</u>

<u>(አዲስ አበባ ውስጥ የሚ ኙ የግል ሆስፒታሎችን የሚ ኣከት)</u>

በኢትዮጵያ (አዲስ አበባ) ውስጥ የሚ ኙ የጤፍ አገልግሎት ተቋማት የሚወቀርቡት አገልግሎቾች ምን ይመስላል?

የዚህ ጥናት አላማ አዲስ አበባ ውስጥ የሚ ኙ የግል የጤፍ አገልግሎት አቅራቢዎችን በሚ ኣከት እንዲሁም በአገልግሎት ጥራት ማሻቀፍ ውስጥ ያለውን የታካሚዎች እርካታን በተማከተ ህዝቡ ያለውን አማካከት ለመወቅ ነው::

ይህ ማጠይቅ የሚ ተሉትን ጉዳዮች ይዳስሳል:

የላቀ ደረጃ ካለው ሆስፒታል የሚጠበቁት የአገልግሎት የጥራት ደረጃ ምን ይመስላል? («የላቀ ደረጃ» ተብለውለሚ ሰዱ ሆስፒታሎች ውሳኝ የሆኑ መገለጫዎች)

እርስዎ በአዲስ አበባ በሚ ኙ የግል ሆስፒታሎች ዘንድ ማስጠት አለበት ብለው ከሚጠበቁት የአገልግሎት ጥራት ጋር ሲነፃፀር

በዚህ ማጠይቅ ላይ ያደረጉት ተሳትፎ በምስጥራዊነ ት እንደሚ ዝ አረ ጋግጥለዎታለሁ::

<u>ክፍል አንድ</u>

ጥ.1 ለህዝቡ የሚቅርብለትን የጤፍ አገልግሎት በተማከተ ያለዎት ዕውቀት በምን ላይ የተማ ረተ ነው?

- ○ የግል ተሞክሮ
- ○ የሁለተኛ ወገን ምንጮች (የጓደኞች እና የቤተሰብ አባላት ተሞክሮ)
- ○ ብዙሀን ማናኛ

ጥ.2 እርስዎ የሚኖቁሙት በየትኛዉየ ጤና አገልግሎት ተቋምነ ዉ?

○ የ ህዝብ

○ በአብዛኛዉበሞግስት ባለቤትነ ት የተያዘ

○ የ ግል

○ በአብዛኛዉበግል ባለቤትነ ት የተያዘ

ጥ.3 ለሞጭፌ ሻ ጊዜ ወደ ህክምና ተቋም የሄዱት ሞቼ ነበር ?

○ ከ2 ዓሞታት ከነ ሰ ጊዜ በፊት

○ ከ2 ዓሞታት ከበለጠ ጊዜ በፊት

ጥ.4 የ የ ትኛዉ ክ/ከተማነ ዋሪ ነ ዎት?

○ ቦሌ ከተማክ/ከተማ

○ የ ካ ክ/ከተማ

○ አራዳ ክ/ከተማ

○ ቄረቆስ ክ/ከተማ

○ ጉለሌ ክ/ከተማ

○ ኮ/ቀራንዮ ክ/ከተማ

○ ን/ስ/ላፍቶ ክ/ከተማ

○ አ/ቃሊቲ ክ/ከተማ

○ አ ዲስ ከተማክ/ከተማ

○ ሌሎች (በአ ዲስ አበባ ዙሪያ የ ሚገ ኙ)

ጥ.ቁ 5 ዕድሜዎ ስንት ነ ዉ?

○ ከ18-25 ዓሞቱ

○ ከ25-40 ዓመት

○ ከ41-60 ዓመት

○ ከ61 ዓመት በላይ

ጥ.ቁ 6 ፆታዎ ምንድን ነው?

○ ወንድ

○ ሴት

ክፍል ሁለት   **የላቀ ደረጃ ያላቸውሆስፒታሎች**

ጥ.ቁ 7 ከዚህ በታች የተዘረዘሩት ከሆስፒታሎች ዘንድ ማስጠት የሚባቸውን አገልግሎቶች የሚፃሳዩ ናቸው ፡ እባክዎን አንድ ሆስፒታል የላቀ ደረጃ አለውሊያሰኙ የሚያስችሉ ሁኔታዎችን ከዚህ በታች በተቀማጠው ማሰረት ይጥቀሱ፡

	በጥም አልስማማም	አልስማማም	በተወሰነ ደረጃ አልስማማም	ገለል ተኛ	በተወሰነ ደረጃ እስማኙ	እስማማ ለሁ	በጥም እስማኙሁ
ሆስፒታሎች ዘመኛ ዊና በአግባቡ የተደራጀ ማሪያ ሊኖራቸው ይገባል	○	○	○	○	○	○	○
በሆስፒታሎች ወስጥ ያለውንፅህናና ፅዳት የላቀ ደረጃ ሊኖረው	○	○	○	○	○	○	○

ይገባል							
ነርሶችና ዶክተሮች ንፁህ እና በአግባቡ የለበሱ ሚህን አለባቸው	○	○	○	○	○	○	○
የታካሚዎች ክፍል ምቾት ያለበት ሚህን ይኖርበታል	○	○	○	○	○	○	○

ጥቁ 8 በጣም አልስማማም = ወሳኝ ያልሆነ ሁኔታ   በጣም እስማማሁ = ወሳኝ የሆነ ሁኔታ

	በጣም አልስማማም	አልስማማም	በተወሰነ ደረጃ አልስማማም	ገለልተኛ	በተወሰነ ደረጃ እስማማሁ	እስማማ ለሁ	በጣም እስማማሁ
የላቀ ደረጃ ያላቸው ሆስፒታሎች ተቀባይነት ባለው የጊዜ ገደብ ውስጥ የህክምና፣ የምርመራና፣ ሌሎች ማከል አገልግሎቶችን ማቅረብ አለባቸው ።	○	○	○	○	○	○	○
እንድ ታካሚቸግር በማያጋጥሙ ጊዜ	○	○	○	○	○	○	○

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ሆስፒታሉ ለችግሩ መፍትሔ ለማስጠት ልባዊ ፍላጎት ማሳየት አለበት፦ ፤							
ዶክተሮች የጤነነት ሁኔታዎቻችን፣ ምርሜራና የህክምና አሰጣጥን በማጣላከት ለሰዎች በማባ መንገድ ማስረዳት ይጠበቅባቸዋል፦ ፤	○	○	○	○	○	○	○
ነርሶች ምን ዓይነት አገልግሎት እንደሚጠና አገልግሎቱ መቼ እንደሚጠ መጋለፅ ይኖርባቸዋል፦ ፤	○	○	○	○	○	○	○
አንድ ሰውሆስፒታል ተኝቶ በማሳከማት ጊዜ ዶክቶሮቹ የጤነነቱን ሁኔታ በሚበኛነት ማታተል አለባቸው ፤	○	○	○	○	○	○	○

ጥ.ቁ 9 በጣም አልስማማም = ወሳኝ ያልሆነ ሁኔታ   በጣም እስማማ ሁ = ወሳኝ የሆነ ሁኔታ

	በጣም አልስማማም	አልስማማም	በተወሰነ ደረጃ አልስማማም	ገለል ተኛ	በተወሰነ ደረጃ እስማማ ሁ	እስማማ ለሁ	በጣም እስማማ ሁ
ዶክተሮች/ነ ርሶች ከታካሚዎች ዘንድ ጥሪ በ ማቅርባ ቸው ጊዜ ፈጣን ምላሽ ማስጠት አለባ ቸው፡	○	○	○	○	○	○	○
ዶክተሮች/ነ ርሶች ታካሚዎ ችን ለ ሚ ዳት ፈቃደኛ ሚ ሆን አለባ ቸው፡	○	○	○	○	○	○	○
ሆስፒታል ተኝቶ ለ ማታከም የ ሚ ያስጠብቀው ጊዜ ከአንድ ሳምንት መበለ ጥ የ ለበትም፡	○	○	○	○	○	○	○
በየቀኑ የ ሚ ደረግ የ አገልግሎት አቅርቦት ጊዜ ከ45 ደቂቃ በላይ የ ሚ ያስጠብቅ ሚ ሆን የ ለበትም፡	○	○	○	○	○	○	○

ጥ.ቁ 10 ከዚህ በታች የተዘረዘሩት ከሆስፒታሎች ዘንድ ማጠት የሚባቸውን አገልግሎቶች የሚያሳዩ ናቸው ፡ እባክዎን አንድ ሆስፒታል የላቀ ደረጃ አለውሊያሰኙ የሚያስችሉ ሁኔታዎችን ከዚህ በታች በተቀማጠው ማረት ይጥቀሱ ፡

በጣም አልስማማም = ወሳኝ ያልሆነ ሁኔ ታ   በጣም እስማማኁ = ወሳኝ የሆነ ሁኔ ታ

	በጣም አልስማማም	አልስማማም	በተወሰነ ደረጃ አልስማማም	ገ ለል ተኛ	በተወሰነ ደረጃ እስማማኁ	እስማማ ለሁ	በጣም እስማማኁ
ዶክተሮች ብቃት ያለቸው ሚሆን አለባቸው	○	○	○	○	○	○	○
ነርሶች አስፈላጊ ክህሎት ሊኖራቸው ይገባል፡፡	○	○	○	○	○	○	○
ታካሚዎች ህክምና በሚያረግላቸው ጊዜ እምነ ት ለመጣል እንዲችሉ ሚደረግ አለበት፡፡	○	○	○	○	○	○	○
የላቀ ደረጃ ያለቸው ሆስፒታሎች ህክምና በሚክጠት ጊዜ የግል	○	○	○	○	○	○	○

ምክጥሮችን ማጠበቅ አለባቸው ፥							
ዶክተሮች/ነ ርሶች ለታካሚዎች ክብር ማሰጠት አለባቸው ፥	○	○	○	○	○	○	○
ዶክተሮች/ነ ርሶች የታካሚዎችን ጥያቄ ለመመለስ የማዎስችል ዕወቀት ሊኖራቸው ይገባል፥ ፥	○	○	○	○	○	○	○

	በጣም አልስማማም	አልስማማም	በተወሰነ ደረጃ አልስማማም	ገ ለል ተኛ	በተወሰነ ደረጃ እስማማሁ	እስማ ለሁ	በጣም እስማማሁ
የላቀ ደረጃ ባላቸው ሆስፒታሎች ወስጥ የማግኙነ ርሶች ለሰዎች የማዎስቡ ሚሆን አለባቸው ፥	○	○	○	○	○	○	○
ዶክተሮች/ነ ርሶች በትኩረት ማዳመጥ አለባቸው ፥	○	○	○	○	○	○	○

ዶክተሮች ከእያንዳንዱ ታካሚ ጋር በቂ ጊዜ ማስለፍ አለባቸው፤	በጣም አልስማማም	አልስማማም	በተወሰነ ደረጃ አልስማማም	ገለልተኛ	በተወሰነ ደረጃ እስማማሁ	እስማማለሁ	በጣም እስማማስሁ
ሆስፒታሎች ዘመዋዊና በአግባቡ የተደራጀ ማሪያ አላቸው፤	○	○	○	○	○	○	○
ዥ|ስ|ታሎች ውስጥ	○	○	○	○	○	○	○

ጥ.11 በጣም አልስማማም = ወሳኝ ያልሆነ ሁኔታ   በጣም እስማማስሁ = ወሳኝ የሆነ ሁኔታ

ክፍል ሦስት   በአዲስ አበባ የሚገኙ የግል ሆስፒታሎች

ጥቁ 12 ከዚህ በታች የተዘረዘሩት ነጥቦች የግል ሆስፒታሎችን የሚዃክቱ ናቸው፤ እባክዎን የአዲስ አበባን የግል ሆስፒታሎችን በሚዃከት ያልዎትን አስተያየት ይግለፁ፡ ፡

በጣም አልስማማም = ወሳኝ ያልሆነ ሁኔታ   በጣም እስማማስሁ = ወሳኝ የሆነ ሁኔታ

ያለውንፅህናና ፅዳት የላቀ ደረጃ ያለው ነው፡							
ነርሶችና ዶክተሮች ንፁህ እና በአግባቡ የለበሱናቸው ፡	○	○	○	○	○	○	○
የ ታካሚዎች ክፍል ምቹት ያለውነ ው ፡	○	○	○	○	○	○	○

ጥቁ 13 በጣም አልስማማም = ወሳኝ ያልሆነ ሁኔታ   በጣም እስማማለሁ = ወሳኝ የሆነ ሁኔታ

	በጣም አልስማማም	አልስማማም	በተወሰነ ደረጃ አልስማማም	ገለልተኛ	በተወሰነ ደረጃ እስማማለሁ	እስማማ ለሁ	በጣም እስማማለሁ
የላቀ ደረጃ ያላቸው ሆስፒታሎች ተቀባይነት ባለው የጊዜ ገደብ ውስጥ የህክምና፣ የምርሜራና፣ ሌሎች ማከል አገልግሎቶችን ያቀርባሉ፡	○	○	○	○	○	○	○
እንድ ታካሚ ችግር በማጋ ጠሙ ጊዜ	○	○	○	○	○	○	○

ሆስፒታሉ ለችግሩ መፍትሔ ለማስጠት ልባዊ ፍላጎት ያሳያሉ፡ ፡							
ዶክተሮች የጤነ ት ሁኔ ታዎችን፣ ምርሜራንና የህክምና አሰጣጥን በማፃላከት ለሰዎች በሚባ መገድ ያስረዳሉ፡ ፡	○	○	○	○	○	○	○
ነርሶች ምን ዓይነ ት አገ ልግሎት እንደሚሰጡና አገ ልግሎቱ መቼ እንደሚሰጥ ይገ ልፃ ሉ፡ ፡	○	○	○	○	○	○	○
እንድ ሰውሆስፒታል ተኝቶ በማሳክማት ጊዜ ዶክቶሮቹ የጤነ ቱን ሁኔ ታ በሚበኝነ ት ይከታተላሉ፡ ፡	○	○	○	○	○	○	○

ጥቄ 14 በጣም አልስማማም = ወሳኝ ያልሆነ ሁኔ ታ   በጣም እስማማለሁ = ወሳኝ የሆነ ሁኔ ታ

	በጣም አልስማማም	አልስማማም	በተወሰነ ደረጃ አልስማማም	ገለልተኛ	በተወሰነ ደረጃ እስማማለሁ	እስማማለሁ	በጣም እስማማለሁ
ዶክተሮች/ነርሶች ከታካሚዎች ዘንድ ጥሪ በማቅርብላቸው ጊዜ ፈጣን ምላሽ ይሰጡሉ ፦	○	○	○	○	○	○	○
ዶክተሮች/ነርሶች ታካሚዎችን ለሚዳት ፈቃደኛ ናቸው፣	○	○	○	○	○	○	○
ሆስፒታል ተኝቶ ለማታከም የማዎስጠብቀው ጊዜ ከአንድ ሳምንት አይበልጥም ፦	○	○	○	○	○	○	○
በየቀኑ የማዎረግ የአገልግሎት አቅርቦት ጊዜ ከ45 ደቂቃ በላይ አያስጠብቅም ፦	○	○	○	○	○	○	○

ጥቁ 15 ከዚህ በታች የተዘረዘሩት ከሆስፒታሎች ዘንድ ማስጠት የማዎባቸውን አገልግሎቶች የማዎሳይ ናቸው፦ እባክዎን አንድ ሆስፒታል የላቀ ደረጃ አለዉሊያሰኙ የማዎስችሉ ሁኔታዎችን ከዚህ በታች በተቀማጡው ማረት ይጥቀሱ፦

በጣም አልስማማም = ወሳኝ ያልሆነ ሁኔ ታ   በጣም እስማ አ ሁ = ወሳኝ የሆነ ሁኔ ታ

	በጣም አልስማማም	አልስማማም	በተወሰነ ደረጃ አልስማማም	ገ ለል ተኛ	በተወሰነ ደረጃ እስማ አ ሁ	እስማማ ለሁ	በጣም እስማ አ ሁ
ዶክተሮች ብቃት ያላቸውና ቸው ፡	○	○	○	○	○	○	○
ነ ርሶች አስፈላጊ ክህሎት ያላቸው ና ቸው ፡	○	○	○	○	○	○	○
ታካ ሚዎች ህክምና በሚደረግላቸው ጊዜ እ ምነ ት ለ መጥል እን ዲችሉ ይደረ ጋል ፡ ፡	○	○	○	○	○	○	○
የ ለቀ ደረጃ ያላቸው ሆስፒታሎች ህክምና በሚ ሰጥ ጊዜ የ ግል ምስጢሮችን ይጠበቃሉ ፡ ፡	○	○	○	○	○	○	○
ዶክተሮች/ነ ርሶች ለ ታካ ሚዎች ክብር ይሰጣሉ ፡ ፡	○	○	○	○	○	○	○

ዶክተሮች/ነ ርሶች የታካሚዎችን ጥያቄ ለመማዳስ የሚያስችል ዕውቀት አላቸው ፡	○	○	○	○	○	○	○

ጥ.16 በጣም አልስማማም = ወሳኝ ያልሆነ ሁኔታ   በጣም እስማማ ሁ = ወሳኝ የሆነ ሁኔታ

	በጣም አልስማማም	አልስማማም	በተወሰነ ደረጃ አልስማማም	ገ ለል ተኛ	በተወሰነ ደረጃ እስማማ ሁ	እስማማ ለሁ	በጣም እስማማ ሁ
የላቀ ደረጃ ባላቸው ሆስፒታሎች ወስጥ የሚኾነ ርሶች ለሰዎች የሚያስቡ ናቸው ፡	○	○	○	○	○	○	○
ዶክተሮች/ነ ርሶች በትክረት ያዳምጣሉ፡ ፡	○	○	○	○	○	○	○
ዶክተሮች ከእያንዳንዱ ታካሚ ጋር በቂ ጊዜ ያሳልፋሉ፡ ፡	○	○	○	○	○	○	○

የሆስፒታሎቹ የስራ ሰዓታት ለታካሚዎች የሚመቹ ነው ፡	○	○	○	○	○	○	○

Q17 –የግል ጤፍ አገልግሎት ተቋሙ በሚሰጥ አገልግሎት ምን ያህል ረክተዋል;

በጣምአልረካሁም   አልረካሁም   ገለልተኛ1   ረክቻለሁ   በጣም ረክቻለሁ

○   ○   ○   ○   ○

በሴንት ሜሪ ዩኒቨርሲቲ ስኩል ኦፍ ግራጁዌት ስተዲስ ፋኩልቲ ኦፍ ቢዝነስ ስር ለሚከናወነው ጥናት በዚህ ማጠይቅ ላይ ተሳትፎ አድርገው ማጠይቁን በመሙላትዎ አመሰግናለሁ ፡

ፀጋዬ ልዑልሰገድ